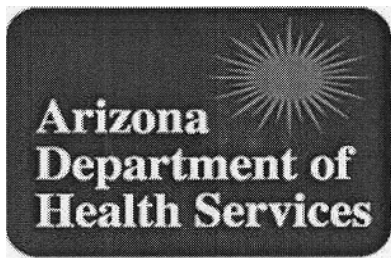


Academic Or Research Use Order Form
For Public Release of Arizona Hospital Discharge Data - Page 1 of 2



MAIL YOUR ORDER TO:
Arizona Department of Health Services
Bureau of Public Health Statistics
Section of Cost Reporting and Discharge Data Review
150 North 18th Ave - Suite 550
Phoenix AZ 85007-3248
Phone: 602-542-8064 Fax: 602-542-2940
Website: <http://azdhs.gov/plan/crr/index.htm>

- ▶ **1. See Special Instructions** for ordering data for **ACADEMIC OR RESEARCH USE** on Page 2 of this Order Form
- ▶ **2. BEFORE ORDERING – REVIEW THE RELEASE INFORMATION** - <http://azdhs.gov/plan/crr/ddr/rel/info.htm>
- ▶ **3.** Available data is Hospital Inpatient (IP) or Hospital Emergency Department (ED).
- ▶ **4.** Data is provided in 6 month sets, January – June ("01") and July – December ("02").
- ▶ **5.** Cost for Academic or Research data is \$300.00 per data set.
- ▶ **6.** All orders must include a properly completed and signed [Data Use Agreement](#)
- ▶ **7.** For information on the most current data available, check the information page on our website at <http://azdhs.gov/plan/crr/ddr/rel/info.htm>.

Data Set Time Period (for example, 2008-01)	Qty IP	Qty ED	Amount	Sub Total
A check for Total Amount Due, payable to Arizona Department of Health Services, must accompany this form.			Total Amount Due:	

Ship To:

Name: _____ Company: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ E-Mail: _____
Phone: _____ FAX: _____

Data is provided on CD in both ASCII and DBF Formats. **CDs will be sent regular USPS mail unless alternative shipping instructions are provided below:**

Carrier Name: (FedEx / UPS / etc.)	Recipient's Account Number	Service Type: (overnight / 2-day / etc.)

For Office Use Only:

Date Rec'd _____ Check Number _____ Rec'd By _____ Date Sent _____ Sent By _____

Special Instructions for Ordering Arizona Hospital Discharge Data for

Academic or Research Use

Data for Academic or Research use means that the data will be analyzed, processed or examined, by or under the auspices of an accredited college or university for research purposes. An accredited college or university means that the institution meets the same accreditation criteria as Arizona's public colleges and universities.

The Order Form for the Arizona Hospital Discharge Data for Academic or Research Use must be accompanied by a letter on the institution's letterhead containing:

- The title of the research project.
- A brief description of the research project focus and funding source(s).
- The name and complete contact information of the principle investigator and at least one alternative contact person.
- The URL of the project website or web-based documentation for the project.
- A statement that the project will share a copy of any results/papers/findings with the Arizona Department of Health Services and the expected completion date.